

Response To Order To Show Cause

JF 55

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

FILED

AUG 12 2008

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Name Bloodsaw Theopric K.

(Last)

(First)

(Initial)

Prisoner Number N/A

Institutional Address PBSP, BX-113, P.O. Box 7500,
Crescent City, CA. 95532

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

Bloodsaw Theopric
(Enter the full name of plaintiff in this action.)

CV 08

3855

vs.

et al.

Nelson D.

Harlow D. J.

Case No. _____
(To be provided by the clerk of court)

COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C §§ 1983

(PR)

(Enter the full name of the defendant(s) in this action)

E-filing

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[**Note:** You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement PBSP

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (✓) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at

COMPLAINT

08-3855 JF

2.

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal Two emergency appeals to
Director's Level Review. CV-00752
JF-550. Supreme Court Reports 88
2. First formal level LAW. ED. Oct. 1943 TERM U.S.
320 (pp. 219 to end) U.S. 321-322 III Partic
ular circumstance under which exha
ustion of state remedies
is or is not necessary.
3. Second formal level

4. Third formal level

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (☒) NO (☐)

F. If you did not present your claim for review through the grievance procedure, explain

why.

II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Bloodsaw Theopric, PBSP, B8-113, P.O. Box
7500, Crescent City, CA. 95532

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

Nelson D., Correctional Officer, PBSP.
Harlow D.J., Correctional Officer, PBSP.

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

Nelson D., 10-5-07 Seditious an private cons -
piracy to deprive const. rights (ADA) single -
cell housing liberty, due process of law, eg -
ual protection of the law, breach of duty, -
entrapment forced BMU an ASU, sexual mis -
conduct, under color of law. Harlow D.J., -
10-3-07 Seditious an private conspiracy to -
deprive const. rights (ADA) single cell hous -
ing liberty, due process of law, equal prote -
ction of the law, breach of duty, entrap -
ment forced BMU an ASU, sexual misconduct, -
attempt forced double cell, warrantless disci -
plinary, under color of law. Sedition et al.

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

I am asking the court for just compensation for -
punitive, monetary, and liability, an slander -
damages. I am asking the court for a permane -
nt injunction and grant me single cell housing

4.
1 that I'm legally or medically (ADA) entitle
2 to
3 _____
4 _____

5 I declare under penalty of perjury that the foregoing is true and correct.
6

7 Signed this 7 day of July, 2008
8

9 T. Bloodsaw
10 (Plaintiff's signature)
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FORM E

Proof of Service by Mail

[Case Name and Court Number]

I declare that:

I am a resident of PBSP in the county of Del Norte,
California. I am over the age of 18 years. My residence address is:
P.O. Box 7500, Crescent City, CA. 95532
On 7-7-08, I served the attached Civil Right Complaint on the
Court in said case by placing a true copy thereof enclosed in a
sealed envelope with postage thereon fully paid, in the United States mail at

PBSP

addressed as follows:

U.S. Dist. Court, Northern Dist. of CA., 450
Golden Gate Ave., San Francisco, CA. 94102

I declare under penalty of perjury under the laws of the State of California that the
foregoing is true and correct, and that this declaration was executed on 7-7-08 [date],
at Crescent City, California.

Bloodsaw Theopric
[Type or Print Name]

T. Bloodsaw
[Signature]

II.

Petitioner denies the allegations contained in paragraph II of the return.

III.

Petitioner admits the allegations contained in paragraphs III, IV, and V of the return.

[Add any further allegations which are appropriate and not already included in the petition.]

Petitioner realleges and incorporates by reference herein all the allegations and contentions set forth in the petition.

WHEREFORE, petitioner requests that the relief prayed for in the petition be granted.

DATED:

Respectfully submitted,

[Signature] _____

[Type your name here]

[Attach a Memorandum of Points and Authorities to the Denial and Exception to the Return. This Memorandum should address the legal arguments made by the Attorney General or District Attorney. For a model format, please refer to the sample Memorandum of Points and Authorities included in Form B. Mail a copy of the denial to the court and a copy to the Attorney General or District Attorney who filed the Return. Attach a proof of service form.]

MOTION-PC.1538.5

P.C. 1538.5. Motion to return property or suppress evidence.

(A)(1) A defendant may move for the return of property or to suppress as evidence any tangible or intangible thing obtained as a result of a search or seizure or either of the following grounds

(i) The warrant is insufficient on its face

(iv) The method of execution of the warrant violated Federal and state constitutional standards

(H) If prior to the trial of a felony or misdemeanor opportunity for this motion did not exist or the defendant was not aware of the grounds for the motion the defendant shall have the right to make this motion during the course of trial

P.C.
995

MOTION
Grounds; Motion to set aside; delay in final ruling
(a) Subject to subdivision (b) of Section 995a, the indictment or information shall be set aside by the court in which the defendant is arraigned, upon his or her motion, in either of the following cases

(1) IF it is an indictment:

(A) Where it is not found, endorsed, and presented as prescribed in this code.

(B) That the defendant has been indicted without reasonable or probable cause.

(2) IF it is an information:

(A) That before the filing thereof the defendant had not been legally committed by a magistrate.

(B) That the defendant had been committed without reasonable or probable cause.

(b) In cases in which the procedures set out in subdivision (b) of Section 995a is utilized, the court shall reserve a final ruling on the motion until those procedures have been completed.

MOTION 1004.

P.C. 1004 Demurrer; grounds

The defendant may demur to the accusatory pleading at any time prior to the entry of a plea, when it appears upon the face thereof either;

1. If an indictment that the grand jury by which it was found had no legal authority to inquire into the offense charged or, if an information or complaint that the court has no jurisdiction of the offense charged therein;
2. That it does not substantially conform to the provisions of Sections 950 and 952 and also Section 951 in case of an indictment or information;
3. That more than one offense is charged except as provided in Section 954;
4. That the facts stated do not constitute a public offense;
5. That it contains matter which, if true would constitute a legal justification or excuse of the offense charged, or other legal bar to the prosecution.

MOTION

MOTION TO DISMISS
LACK OF JURISDICTION OVER THE
SUBJECT MATTER

MOTION

MOTION TO CORRECT RECORD

MOTION

MOTION FOR SUMMARY JUDGMENT

MOTION

Motion To Dismiss For Insufficiency

MOTION
PITCHESS MOTION

MOTION

MOTION FOR DEFAULT

EXHIBIT

ORIGINAL

A

INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



December 17, 2007

BLOODSAW, THEOPRIC, P20045
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

RE: IAB# 0713606 STAFF COMPLAINTS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

October 26, 2007

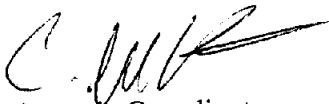
BLOODSAW, P20045
ASUE0000000001L

Log Number: PBSP-S-
(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

You have failed to reasonably demonstrate that the issue you are appealing adversely affects your welfare, pursuant to CCR 3084.1(a).

THE OFFICE OF THE CHIEF DEPUTY WARDEN HAS DETERMINED YOUR ALLEGATION DOES NOT WARRANT AN INQUIRY INTO STAFF MISCONDUCT. YOUR APPEAL IS THEREFORE BEING REJECTED AND RETURNED TO YOU FOR THE ABOVE NOTED REASON.


Appeals Coordinator
Pelican Bay State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

OCT 26 2007

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

PBSP

1.

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw Theopric	P20045		ASU-E1

A. Describe Problem: C/O, D. Nelson I am being housed in ASU unlawfully under a unlawful CDC No. P20045 and you have shown a great deal of hostility towards me. On 10-5-07 in the process of escorting me from the shower you made a statement saying I was afraid to take a cellie because they are going to take my butt from me. I am in state prison because of the same Hispanics an Bloods informants that you are getting your information from. They have

If you need more space, attach one additional sheet.

that sex rumor an many others such as I better not ever come on the yard floating all over PBSP and you as a CDC, C/O has chosen to jump on the ban wagon with the informants. On 11-8-02 I did not commit a crime I was

Inmate/Parolee Signature: T. Bloodsaw Date Submitted: 10-11-07

C. INFORMAL LEVEL (Date Received:)

Staff Response: Bypass - informal review not required

BYPASS

Staff Signature: Date Returned to Inmate:

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification Chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

I am legally and medically entitle to single cell housing since my arrival at PBSP 2-24-04. 265. Ct. 282, 200 U.S. 321 United States v. Timber & Lumber Co. (1906) 3075.3. Discharge Certificates. 3085. Americans With Disabi-

Signature: T. Bloodsaw Date Submitted: 10-11-07

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

OCT 12 2007

OCT 26 2007

TO CDW

25

0713606



INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw Theopric	P20045	2	ASU-E1

A. Describe Problem: unlawfully arrested as a parole violator P.C. 5011. a parole warrant is P.C. 3056. 3000. Definitions. 3013. Unlawful Influence. 3401. Employee and Inmate/Parolee Relations. 3401.5. Employee Sexual Misconduct. 3901.17.2. Criteria for Placement of Parole Hold. 3401.5. Incompatible Activity. 3377.1. Inmate Custody Designations. 3273. Acceptance and Surrender of Custody. 3075.1. Intake Processing. 3160. Inmate Access to Courts. 103 U.S. 370, 103 U.S. 370 Neal v. State of Delaware (1900)

If you need more space, attach one additional sheet.

B. Action Requested: Now I'm taking the privilege of asking you for jurisdiction requirements according to the U.S.C. Amendments I-IV-V-VIII-IX-XIII-XIV you have know reason to disrespect me. CV-00752-JF-Suit 550

Inmate/Parolee Signature: T. Bloodsaw Date Submitted: 10-11-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response:

Bypass - informal review not required

RECEIVED
NOV 13 2007
INMATE APPEALS
BRANCH

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

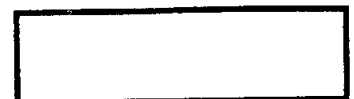
ities Act. 41 Cal. Rptr. 590, 62 Cal. 2d 176 People v. Gallegos (1964) 80 S.Ct. 442 361 U.S. 516 Bates v. City of Little Rock (1960) 65 Ct. 1084, 118 U.S. 356 Vick Wo v. Hopkins (1886) 92 U.S. 275, 92 U.S. 275 Chy Lung v. Freeman (1875)

Signature: _____

Date Submitted: 10-11-07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



INMATE APPEALS BRANCH

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



December 12, 2007

BLOODSAW, THEOPRIC, P20045
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

RE: IAB# 0713161 STAFF COMPLAINTS

Mr. BLOODSAW:

The Inmate Appeals Branch, California Department of Corrections and Rehabilitation (CDCR) acts for the Director, Division of Adult Institutions, at the third level of appeal. The Branch examines and responds to inmate and parolee appeals that are submitted on a CDC Form 602, Inmate/Parolee Appeal Form, after the institution or parole region has responded at the Second Level of Appeal.

Institution and parole staff are available to assist you in obtaining additional copies of forms and documents required to submit an appeal. The inmate library offers resources and assistance to obtain general information regarding regulations, procedures, policies, and government agency addresses. Additionally, your assigned Counselor or Parole Agent, or the Appeals Coordinator can answer any questions you may have regarding the appeals process. The Inmate Appeals Branch appreciates your responsible use of the appeal system to address your grievance.

The Inmate Appeals Branch has received an appeal from you and has determined that it does not comply with the appeal procedures established in California Code of Regulations (CCR) Title 15, Article 8, and is being screened-out and returned to you pursuant to CCR 3084.3 for the following reason(s):

Your appeal was rejected, withdrawn or cancelled. If you disagree with that decision, contact the Appeals Coordinator. You must comply with instructions from that office.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

October 24, 2007


BLOODSAW, P20045
ASUE0000000001L

Log Number: PBSP-S-
(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

You have submitted an appeal that duplicates a previous appeal upon which a decision has been rendered or is pending (CCR 3084.3(c)(2)).

THIS SAME COMPLAINT WAS ALREADY RECEIVED BY THIS OFFICE AND PROCESSED VIA THE CDW ON 10-23-07.


Appeals Coordinator
Pelican Bay State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

OCT 24 2007

STATE OF CALIFORNIA

INMATE/PAROLEE APPEAL FORM

Location: Institution/Parole Region

Log No.

Category

1. PBSP

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bloodsaw Theophris P20045			ASU-EI

A. Describe Problem: C/O Harlow D. J. I am taking the privilege of as-
king you for jurisdiction requirements for my false im-
prisonment at PBSP according to the U.S.C. Amendments
I-IV-V-VIII-IX-XIII-XIV. On 11-8-02 I was unlawfully
arrested as a parole violator P.C. 5011. a parole warrant
is P.C. 3056. CDC No. P20045 is unlawful and void. Out of
hostility an bigotry you came to my cell with the picture
identification card of another inmate demanding me to

If you need more space, attach one additional sheet.

move into his cell. I told her I was not moving
into his cell or going to take a cellie she stated that I
was afraid and scared that he was going to take my butt
from me. I have heard the Southern Hispanics and Blood

Inmate/Parolee Signature: T. Bloodsaw Date Submitted: 10-24-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response:

Bypass - informal review not required

RECEIVED
NOV-5 2007
INMATE APPEALS
BRANCH

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

80 S. Ct. 412, 361 U.S. 516 Bates v. City of Little Rock (1960)
9 S. Ct. 122, 128 U.S. 456 Cornelius v. Kessel (1888) 26 S. Ct.
282, 200 U.S. 321 United States v. Detroit Timber & Lumber
Co. (1906) 72 S. Ct. 205, 342 U.S. 165 Rochin v. California (1952)

Signature: _____

Date Submitted: 10-24-07

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

OCT 24 2007

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CDC 602 (12/87)

Date: _____

☐ See Attached Letter
☐ DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

Signature: T. Bloodman
 Date Submitted: 10-30-07
 H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.
C.E. Wilber, Appeals Coordinator refused to cooperate at the second level for malice reasons. 453 F.2d 12, Inmates of Attica Correctional Facility v. Rockefeller (1971) 320 F. Supp. 5-13 Blyden v. Hogan (1970) 43 Cal. Rptr. 898, 233 Cal. App. 2d 499 LeMere v. Goren (1965) 87 S.Ct. 1737, 387 U.S. 541 See v. City of Seattle (1967) 63 S.Ct. 177, 317 U.S. 213 Pyle v. State of Kansas (1942)

Warden/Superintendent Signature: _____
 Date Returned to Inmate: _____
 Date Completed: _____
 Signature: _____
 G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____
☐ See Attached Letter
☐ Due Date: _____
☐ Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

Signature: T. Bloodman
 Date Submitted: 10-29-07
 F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.
Your statements are false my last appeal was on 10-11-07 and not against C/O Harlow. 905 Ct. 1011, 397 U.S. 254 Goldberg v. Kelly (1970) 78 S.Ct. 1332, 357 U.S. 513 Speiser v. Randall (1958) 97 U.S. 652, 97 U.S. 652 Barney v. Delp (1878) *811 60 S.Ct. 811

Staff Signature: _____
 Division Head Approved: _____
 Title: _____
 Date Completed: _____
 Returned: _____
 Date to Inmate: _____
 Title: _____
 Date Submitted: _____

Interviewed by: _____
 E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____
☐ First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other
 Due Date: _____

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____
 Division Head Approved: _____ Signature: _____ Title: _____ Returned _____
 Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

C.E. Wilber, Appeals Coordinator made false statement on a miscellaneous piece of paper saying my chronological history did not support my appeal he said that because it is a fraudulent document. It was returned without my appeal.

Signature: *T. Bloodsaw* Date Submitted: *11-9-07*

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____
☐ See Attached Letter

Signature: _____ Date Completed: _____
 Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Horel Robert A., Warden or Cook M. Associate Warden rejected my appeal for malice reason. My appeal is asking for jurisdiction requirements U.S.C.A. 785.Ct. 1332, 357 U.S. 513 Speiser v. Randall (1958) 83 S.Ct. 1790, 374 U.S. 398 Sherbert v. Verner (1963) 101 U.S. 260, 101 U.S. 260 Simmons v. Wagner (1879) 48 F.2d 1028 Johnson v. Glick (1973)

Signature: *T. Bloodsaw* Date Submitted: *11-9-07*

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____
☐ See Attached Letter

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

92 S.Ct. 2593, 408 U.S. 471 Morrissey v. Brewer (1972) 89 S.
Ct. 1322, 394 U.S. 618 Shapiro v. Thompson (1969) 90 S.Ct. 1011,
397 U.S. 254 Goldberg v. Kelly (1970) 43 Cal. Rptr. 898, 233
Cal. App. 2d 799 LeMere v. Goren (1965)

Signature: T. Bloodsaw Date Submitted: 11-9-07

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add date or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

9 S.Ct. 122, 128 U.S. 456 Cornelius v. Kessel (1888) 97 U.S.
652, 97 U.S. 652 Barney v. Delph (1878) 72 S.Ct. 205, 342 U.
S. 165 Rochin v. California (1952) 87 S.Ct. 1737, 387 U.S. 54 -
1 See v. City of Seattle (1967) 81 S.Ct. 473, 365 U.S. 167 Mon-
roe v. Pape (1961) 320 F.Supp. 513 Blyden v. Hogan (1970) 68 S.
Ct. 1049, 334 U.S. 266 Price v. Johnston (1948)

Signature: T. Bloodsaw Date Submitted: 11-9-07

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

 1. _____
 2. _____

 1. _____
 2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Bloodsaw Theopric</u>	NUMBER <u>P20045</u>	ASSIGNMENT <u>Z</u>	UNIT/ROOM NUMBER <u>ASU-E1</u>
----------------------------------	-------------------------	------------------------	-----------------------------------

A. Describe Problem: gang members tell her that they did not want me in here and I was afraid to take a cellie because they are going to take my butt. I am lawfully an medic-ally entitled to single cell housing she is contradicting CCR Title 15. 3000. Definitions. 3901.17.2. Criteria F- or Placement of Parole Hold. 3075.1. Intake Processing. 3377.1. Inmate Custody Designations. 3160. Inmate Access to Courts. 3013. Unlawful Influence.

If you need more space, attach one additional sheet.

B. Action Requested: I am asking C/O Harlow D.J. For jurisdiction requirements according to the I.C. Amendments I-IV-V-VIII-IX-XIII-XIV.

CV-00752-JF-550

Inmate/Parolee Signature: T. Bloodsaw

Date Submitted: 10-24-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: Bypass - informal review not required

RECEIVED
NOV-5 2007
INMATE APPEALS
BRANCH

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 12B, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

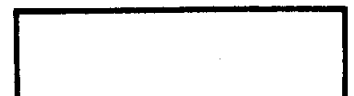
3271. Responsibility of Employees. 3273. Acceptance and Surrender of Custody. 3401. Employee and Inmate/Parolee Relations. 3401.5. Employee Sexual Misconduct. 3085. Americans With Disabilities Act. *540 17s. ct. 540

Signature: T. Bloodsaw

Date Submitted: 10-24-07

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

89 S.Ct. 1322, 394 U.S. 618 Shapiro v. Thompson (1969) 92 U.S. 275,
92 U.S. 275 Chy Lung v. Freeman (1875) 96 S.Ct. 1848, 425 U.S. 7 -
38 Hospital Bldg. Co. v. Trustees of Rex Hospital (1976) 6 S.Ct 73 -
4, 117 U.S. 241 Ex parte Royall (1886)

Signature: T. Bloodsaw Date Submitted: 10-29-07

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

87 S.Ct. 1727, 387 U.S. 523 Camara v. Municipal Court of City and
County of San Francisco (1967) 81 S.Ct. 473, 365 U.S. 167 Mo-
nroe v. Pape (1961) 41 Cal. Rptr. 590, 62 Cal. 2d 176 People v. Gall-
egos (1964) 92 S.Ct. 2593, 408 U.S. 471 Morrissey v. Brewer (197-
2) 83 S.Ct. 1790, 374 U.S. 398 Sherbert v. Verner (1963) 101 U.S. 260,
101 U.S. 260 Simmons v. Wagner (1879)

Signature: T. Bloodsaw Date Submitted: 10-30-07

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

E OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

LES VIOLATION REPORT

GPL= 3.3

CCCMS-NO

NUMBER 0045	INMATE'S NAME BLOODSAW	RELEASE/BOARD DATE 5-28-2020	INST. PBSP	HOUSING NO. ASUE-01L	LOG NO. E07-10-0003
VIOLATED RULE NO(S) 3005 (b)	SPECIFIC CHARGE REFUSAL TO OBEY ORDERS	LOCATION ASU-1	DATE 10-03-07	TIME 1000	

CIRCUMSTANCES

10-03-07, at approximately 1000 hours, while assigned as the Administrative Segregation Unit-1 (ASU-1) S/E OFFICER #2, I informed inmate **BLOODSAW**, P-20045, ASUE-01L, that it is the expectation for inmates in the ASU to voluntarily double cell, unless there is a documented and justified reason in their Central File stating otherwise. An inmate is considered to have refused to double cell when the inmate refuses to allow another to move into his cell or refuses to move into another cell, housing a second inmate. I afforded **BLOODSAW** opportunity to cell with inmate **SMITH**, V-14095. **BLOODSAW** stated, "I aint takin no cellie, fuck you, Bitch, I aint even supposed to be a Bitch, Fuck you." I informed **BLOODSAW** he would receive a CDC-115 for refusing to double cell.

This inmate is not EOP or crisis Bed. Following current guidelines for mental health assessments, the circumstances of this offense have been carefully evaluated. The Reviewing Supervisor has concluded that a Mental Health Assessment is not required.

REPORTING EMPLOYEE (Typed Name and Signature) J. HARLOW	DATE 10/5/07	ASSIGNMENT ASU S/E #2	RDO'S S/S
REPORTING SUPERVISOR'S SIGNATURE R.E. BERRY, SGT.	DATE 10-5-07	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING N/A	
CLASSIFIED BY (Typed Name and Signature) G.H. WISE, LT.	DATE 10-5-07	HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/>	
COPIES GIVEN INMATE BEFORE HEARING			
CDC 115	BY: (STAFF'S SIGNATURE) M. HENSHAW CO	DATE 10/19/07	TIME 1145
INCIDENT REPORT LOG NUMBER: N/A	BY: (STAFF'S SIGNATURE)	DATE	TIME

SEE ATTACHED HEARING DISPOSITION

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)

G.A., KELLEY, SENIOR HEARING OFFICER

SIGNATURE

DATE

TIME

10/12/07 0946h

VIEWED BY: (SIGNATURE)

DATE

CHIEF DISCIPLINARY OFFICER'S SIGNATURE

DATE

A. FOSS, CAPT

10/12/07

M.A. COOK, AWGP

10-30-07

☒ COPY OF CDC 115 GIVEN INMATE AFTER HEARING

DATE

TIME

11-01 1100

STATE OF CALIFORNIA

SERIOUS RULES VIOLATION REPORT

DEPARTMENT OF CORRECTIONS

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	VIOLATED RULE NO(S). 3005 (b)	DATE 10-3-07	INSTITUTION PBSP	LOG NO. E07-10-0003
-----------------------	---------------------------	----------------------------------	-----------------	---------------------	------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE	<i>Refused to sign</i>	10/9/07
<input checked="" type="checkbox"/> ASSIGNED	DATE 10/8/07 NAME OF STAFF P. Price	
<input type="checkbox"/> NOT ASSIGNED	REASON (gpl: 3.3)	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> REQUESTED <input checked="" type="checkbox"/> WAIVED BY INMATE	<i>Refused to sign</i>	10/9/07
<input type="checkbox"/> ASSIGNED	DATE NAME OF STAFF	
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON DNMC per CCR 3315 (d) (1)	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

None

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)			
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input checked="" type="checkbox"/> NONE
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
GRANTED <input type="checkbox"/>	NOT GRANTED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	NOT GRANTED <input type="checkbox"/>

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

<input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY: (STAFF'S SIGNATURE) <i>Ch. 12 Howard</i>	INVESTIGATOR'S SIGNATURE <i>na</i>	DATE <i>10/9/07</i>
		TIME <i>1145</i>	DATE <i>10/9/07</i>

STATE OF CALIFORNIA
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

PAGE 1 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER E07-10-0003	INSTITUTION PBSP	TODAY'S DATE 10/12/07
-----------------------	---------------------------	---------------------------	---------------------	--------------------------

☐ SUPPLEMENTAL ☒ CONTINUATION OF: ☐ CDC 115 CIRCUMSTANCES ☒ HEARING ☐ I.E. REPORT ☐ OTHER

Hearing: On 10/12/07 at approximately 0946 hours, BLOODSAW was given the opportunity to attend this disciplinary hearing. BLOODSAW declined. When informed by staff that he needed to sign a CDC 128-B confirming that he had refused to attend, BLOODSAW refused to sign. At this institution, force will not be used to coerce attendance at a hearing. For this reason, his refusal to attend was accepted and the hearing was held in his absence. A CDC 128-B with the signature of two staff witnesses (C/O J. CRON and C/O B. PRICE) to his refusal was completed.

District Attorney: This has not been referred for criminal prosecution.

Due Process: The behavior of this inmate was evaluated at the time that the Reviewing Supervisor reviewed this disciplinary report. The Reviewing Supervisor concluded that a mental health assessment was not required. The SHO concurs. There is no compelling need for a mental health assessment based upon the circumstances given in this report.

The disciplinary was served on the inmate within 15 days of discovery and the hearing was held within 30 days of service. The inmate received his copies of all documents more than 24 hours in advance of the hearing. There are no due process issues.

Staff Assistant: BLOODSAW was assigned a Staff Assistant as BLOODSAW is illiterate (reading score of 4.0 or less). The assigned SA, B. PRICE, was present at the hearing and confirmed that he interviewed BLOODSAW more than 24 hours in advance. PRICE confirmed that he had explained hearing procedures, disciplinary charges, the evidence supporting these charges and the right to request confidentiality.

Investigative Employee: BLOODSAW has no apparent interest in an investigation on his behalf. The issues are not complex and available information is sufficient. I.E. assignment is unnecessary.

Witnesses: No witnesses were called to this hearing. None were listed on the CDC 115-A as requested by the inmate and the SHO did not require any additional testimony.

Video/photo evidence: Videotape evidence was not an issue for this hearing.

As BLOODSAW did not attend the hearing, a plea was not entered and he did not present any testimony in his own defense. The hearing was decided based upon the following written evidence: CDC 115 of 10/03/07.

Finding: Guilty of the Div. F-3 (CCR 3315 (a)(3)(J)) offense REFUSAL TO OBEY ORDERS. This offense requires evidence that the inmate was given a direct order by a staff member and the inmate refused to comply with this order. This finding is based upon the following preponderance of evidence:

A. The testimony of OFFICER HARLOW in the disciplinary report of 10/03/07 wherein HARLOW testifies that BLOODSAW was ordered to double cell with another inmate and refused stating "I aint taking no cellie, fuck you, bitch."

Disposition: Assessed 30 day credit forfeiture for this Div. F offense. With this notice, BLOODSAW is informed that his credit restoration period began 10/04/07 and this restoration period is a minimum of three months (if within 60 days of scheduled release, the minimum is reduced to one month). If he is found guilty of any administrative or serious CDC-115 issued during this credit restoration period, he forfeits his eligibility for restoration. If he completes this restoration period disciplinary free, he may request a classification review. Classification will make the final determination whether he is eligible for restoration or request an additional period of disciplinary free conduct. With this notice, BLOODSAW is referred to CCR §3084.1 for information on appeal procedures.

SIGNATURE OF WRITER G. A. KELLEY		TITLE Correctional Lieutenant		DATE NOTICE SIGNED 10/12/07	
COPY OF CDC-115-C GIVEN TO INMATE ✓		GIVEN BY: (STAFF'S SIGNATURE) C/O B. PRICE		DATE SIGNED: TIME SIGNED: 11/1/07 1102	

STATE OF CALIFORNIA
RULES VIOLATION REPORT - PART C

DEPARTMENT OF CORRECTIONS

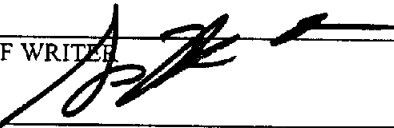

PAGE 2 OF 2

CDC NUMBER P-20045	INMATE'S NAME BLOODSAW	LOG NUMBER E07-10-0003	INSTITUTION PBSP	TODAY'S DATE 10/12/07
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<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> CDC 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> I.E. REPORT	<input type="checkbox"/> OTHER
---------------------------------------	--	--	---	--------------------------------------	--------------------------------

Additional penalties: Per CCR 3090(d), canteen privileges may be restricted for an offense including intentional or negligent misuse, destruction or damage of state property. Restriction of canteen privileges means canteen draw slips will not be accepted during this period of restriction. Any canteen draw slips submitted by this inmate during this period will be returned without action. The inmate will be allowed to keep any canteen received or ordered prior to this restriction. This offense involved the intentional or negligent misuse, damage or destruction of state property as follows: Misuse of a state prison cell property. Specifically, by BLOODSAW willfully refusing to allow another compatible inmate to be housed in the available bed within his assigned cell, BLOODSAW is misusing state prison housing which is costing the state taxpayers hundreds of dollars daily in overcrowding housing of state prisoners and overtime pay for state employees. Effective the date of this hearing through 01/10/08, canteen privileges are restricted for BLOODSAW for a total of 90 days.

Copies: Inmate trust office; Canteen, Program Lieutenant

SIGNATURE OF WRITER G. A. KELLEY 		TITLE Correctional Lieutenant		DATE NOTICE SIGNED 10/12/07	
COPY OF CDC-115-C GIVEN TO INMATE 		GIVEN BY: (STAFF'S SIGNATURE) cho D Harlow		DATE SIGNED: 11/1/07	TIME SIGNED: 1100

AME and NUMBER BLOODSAW

P-20045

CELL: ASU-E-01L

er CCR 3090(d), canteen privileges may be restricted for an offense including intentional or negligent misuse, destruction or amage of state property. Restriction of canteen privileges means canteen draw slips submitted by this inmate will be returned without action. The inmate will be allowed to keep any canteen received or ordered prior to this restriction. On 10/12/07, this inmate was found guilty of a disciplinary offense (log number E07-10-0003) involving the intentional or negligent misuse, damage destruction of state property. Effective the date of this hearing, canteen privileges are restricted for 90 days through 01/10/08.



G. A. KELLEY
Correctional Lieutenant
PBSP

RIG : C-File
: INMATE

ATE 10/12/07

PBSP

GENERAL CHRONO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS
CDC-128 B (8-87)

AME AND NUMBER

CELL

RIG : C-File
:

ate

PBSP

GENERAL CHRONO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS
CDC-128 B (8-87)

AME AND NUMBER

CELL

RIG : C-File
:

ate

PBSP

GENERAL CHRONO

5.78 7/4 18
6 16 14
19

DA# 07040144

Agency: PBSP

5/31

SPACE BELOW FOR USE OF COURT CLERK ONLY

DISTRICT ATTORNEY
County of Del Norte
450 H Street #171
Crescent City, California
Phone (707) 464-7210

SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE
DEL NORTE JUDICIAL DISTRICT

THE PEOPLE OF THE STATE OF CALIFORNIA

Plaintiffs,

vs.

THEOPRIC BLOODSAW, P-20045

Defendant.

COMPLAINT

Att: ~~ALBERT~~
ALEXANDER
COURT DATE
6-14-07

The DISTRICT ATTORNEY of the County of Del Norte, State of California, hereby charges the DEFENDANT with having committed, in the County of Del Norte, the crime of:

COUNT 1.

BATTERY ON CORRECTIONAL OFFICER, in violation of Section 4501.5 of the Penal Code, a felony.

On or about April 12, 2007, the Defendant did willfully and unlawfully being a person confined in a state prison of this state, commit a battery upon the person of Correctional Officer J. Thom, an individual who is not himself a person confined therein. (Kicked in Knee)

COUNT 2.

RESISTING EXECUTIVE OFFICER, in violation of Section 69 of the Penal Code, a FELONY.

On or about April 12, 2007, the Defendant did willfully, unlawfully and knowingly resist executive officers, to-wit: Correctional Officers J. Thom and T. Holmes, in the performance of their duty by the use of force and violence.

0519

166 167 15
79
178 14
20

SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 17th day of September, 1997, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Possession of a Controlled Substance, a felony, in violation of section 11350(a) of the Health and Safety Code, case number YA034031, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

SPECIAL ALLEGATION OF A PRIOR-ANY FELONY, in violation of section 667.5(b) of the Penal Code.

It is further alleged that Defendant was, on the 4th day of April, 2003, in the Superior Court of the State of California, for the County of Los Angeles, convicted of the crime of Assault on a Peace Officer, a felony, in violation of section 245(c) of the Penal Code, case number YA053506, and that he then served a prison term for said offense, and that he did not remain free of prison custody for, and did commit an offense resulting in a felony conviction during, a period of five years subsequent to the conclusion of said term within the meaning of Penal Code Section 667.5(b).

SPECIAL ALLEGATION, within the meaning of Penal Code sections 1170.12 and 667(b) through 667(i) inclusive.

It is further alleged that said defendant was convicted on the 4th day of April, 2003, of Criminal Threats, in violation of section 422 of the Penal Code, in Los Angeles County, State of California, within the meaning of Penal Code sections 1170.12 and 667(b) to 667(i) inclusive.

I so swear, under penalty of perjury, on May 25, 2007, at Crescent City, California, that the foregoing is true and correct on information and belief.


Katherine Micks, DEPUTY DISTRICT ATTORNEY

FILED

MAY 30 2007

SUPERIOR COURT OF CALIFORNIA
COUNTY OF DEL NORTE

MICHAEL D. RIESE
DISTRICT ATTORNEY
Courthouse - 450 H Street
Crescent City, CA 95531
Telephone: (707) 464-7210

SUPERIOR COURT, OF CALIFORNIA
COUNTY OF DEL NORTE

PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,

CASE NUMBER:
CRP007-5089
ORDER FOR TRANSPORT
VIDEO

vs.

THEOPRIC BLOODSAW, P-20045
Defendant.

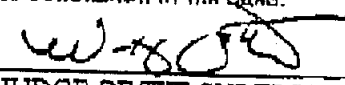
COURT DATE: May 31, 2007
TIME: 8:00 a.m.

TO THE WARDEN OF PELICAN BAY STATE PRISON:

IT IS HEREBY ORDERED that Theopric Bloodsaw, P-20045, be produced in the Superior court for prosecution or examination for an offense triable in the Superior court, and that Pelican Bay State Prison is to transport said person to the Video Arraignment Room located at Pelican Bay State Prison, on May 31, 2007 at 8:00 a.m., for arraignment or other proceedings.

IT IS FURTHER ORDERED that said inmate continue to be transported for appearances at the Del Norte County courthouse, Crescent City, Calif. until the conclusion of his case.

DATED: MAY 30 2007


JUDGE OF THE SUPERIOR COURT
WILLIAM H FOLLETT

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART A1 - COVER SHEET

CDCR 837 - A (Rev. 07/05)

PAGE 1 OF 5	INCIDENT LOG NUMBER PBP-B08-07-04-0144	INCIDENT DATE April 12, 2007	INCIDENT TIME 1855 hours
INSTITUTION PBSP	FACILITY B	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE B-8
LOCATION Rotunda	<input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> SNY <input type="checkbox"/> PHU <input type="checkbox"/> CTC <input checked="" type="checkbox"/> GP <input type="checkbox"/> RC	SEG YARD <input type="checkbox"/> ASU <input type="checkbox"/> WA <input type="checkbox"/> RM	USE OF FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SPECIFIC CRIME / INCIDENT

BATTERY ON A PEACE OFFICER

☒ CCR ☐ PC ☐ N/A

NUMBER/SUBSECTION: 3005 (c)

D.A. REFERRAL ELIGIBLE

☒ YES ☐ NO

CRISIS RESPONSE TEAM ACTIVATED

☐ YES ☒ NO

MUTUAL AID REQUESTED

☐ YES ☒ NO

PIO/AA NOTIFIED

☒ YES ☐ NO

RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)

DEATH	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY			
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> NATURAL <input type="checkbox"/> EXECUTION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> OVERDOSE <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> ON INMATE <input checked="" type="checkbox"/> ON STAFF <input type="checkbox"/> ON VISITOR <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> BEATING <input type="checkbox"/> GASSING <input type="checkbox"/> POISONING <input type="checkbox"/> SEXUAL <input type="checkbox"/> SHOOTING <input type="checkbox"/> SLASHING	<input type="checkbox"/> SPEARING <input type="checkbox"/> STABBING <input type="checkbox"/> STRANGLING <input type="checkbox"/> OTHER: <input type="checkbox"/> N/A		
SERIOUS INJURY	INMATE WEAPONS		SHOTS FIRED / TYPE WEAPON / FORCE			
<input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> CLUB / BLUDGEON <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> FIREARM <input checked="" type="checkbox"/> HANDS / FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> SAP/SLUNG SHOT <input type="checkbox"/> PROJECTILE <input type="checkbox"/> SPEAR <input type="checkbox"/> SLASHING INSTRUMENT: (TYPE) _____ <input type="checkbox"/> STABBING INSTRUMENT: (TYPE) _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID _____ <input type="checkbox"/> UNKNOWN LIQUID <input type="checkbox"/> N/A	<input type="checkbox"/> COMMERCIAL WEAPON <input type="checkbox"/> INMATE MANUFACTURED WEAPON	WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MM <input type="checkbox"/> 40 MM MULTI <input type="checkbox"/> HFWRS FORCE: <input type="checkbox"/> EXPANDABLE BATON <input checked="" type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER: _____	WARNING# _____ EFFECT # _____	TYPE: BATON ROUND WOOD RUBBER FOAM STINGER: .32 (A) .60 (B) EXACT IMPACT CTS 4557 XM 1006 CHEMICAL: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> N/A	NO: _____
ESCAPES	<input type="checkbox"/> W / FORCE <input type="checkbox"/> W/O FORCE <input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> N/A					

CONTROLLED SUBSTANCE	WEIGHT	PROGRAM STATUS	EXCEPTIONAL ACTIVITY	
<input type="checkbox"/> POSITIVE UA <input type="checkbox"/> CONTROLLED MEDS <input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITUATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA/THC <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> WITHOUT PACKAGING PRELIMINARY LAB	<input type="checkbox"/> MODIFIED PROGRAM <input type="checkbox"/> LOCKDOWN <input type="checkbox"/> STATE OF EMERGENCY IF YES, LIST AFFECTED PROGRAMS <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> EXPLOSION <input type="checkbox"/> FIRE <input type="checkbox"/> GANG/DISRUPTIVE GROUP <input type="checkbox"/> HOSTAGE <input type="checkbox"/> INMATE STRIKE <input type="checkbox"/> MAJOR DISTURBANCE <input type="checkbox"/> MAJOR POWER OUTAGE <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> PUBLIC DEMONSTRATION <input type="checkbox"/> SPECIAL INTEREST I/M	<input type="checkbox"/> WEATHER <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER: EXTRACTION: <input type="checkbox"/> CONTROLLED <input type="checkbox"/> IMMEDIATE <input checked="" type="checkbox"/> N/A

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES):

On Thursday, April 12, 2007 at approximately 1855 hours, Inmate BLOODSAW, P-20045, B8-101L, battered staff by attempting to break escort and resisting staff, necessitating the use of physical force to gain compliance. While staff was attempting to restrain BLOODSAW, BLOODSAW kicked Officer J. Thom in the right knee.

SUSPECTS: BLOODSAW, P-20045, B8-101LVICTIMS: Officer J. Thom, Officer T. Holmes

COMPLETE SYNOPSIS / SUMMARY ON PART A1

Reviewed By: Facility Captain M. Foss

NAME OF REPORTING STAFF (PRINT/TYPER) R. Tupy	TITLE Lieutenant	ID # N/A	BADGE # 55479
SIGNATURE OF REPORTING STAFF	PHONE EXT. (INCIDENT SITE) 7953	DATE 04/12/2007	
NAME OF WARDEN / AOD (PRINT/SIGN)	TITLE Warden	DATE	

STATE OF CALIFORNIA
 PART A1 – SUPPLEMENT
 CDCR 837 – A1 (07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE

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OF

5

INCIDENT LOG NUMBER
PBP-B08-07-04-0144

INSTITUTION

Pelican Bay State Prison

FACILITY

B

INCIDENT DATE

April 12, 2007

INCIDENT TIME

1855 hours

TYPE OF INFORMATION

☒ SYNOPSIS/SUMMARY OF INCIDENT☐ SUPPLEMENTAL INFORMATION☐ AMENDED INFORMATION☐ CLOSURE REPORT

NARRATIVE:

BLOODSAW was in the B8 Officer's station getting his legal mail when he became verbally abusive to staff. B8 Floor staff ordered BLOODSAW to return to his cell. As BLOODSAW was being escorted back to his cell, he turned and assumed a bladed stance. Officer Thom ordered BLOODSAW to get down, BLOODSAW refused and lunged towards Officer Thom. Officer Thom and Officer Holmes utilized physical force to get BLOODSAW into the prone position on the ground. During this time, BLOODSAW kicked Officer THOM in the right knee.

ESCORTS: Officers C. Chapman and T. Wadsworth escorted BLOODSAW from B8 to the B Facility Hobby Shop Holding Cell #1.

MENTAL HEALTH DELIVERY SYSTEM CLASSIFICATION: Inmate BLOODSAW was not a participant in the Mental Health Delivery System at the time of this incident.

MEDICAL REPORTS/INJURIES TO STAFF: MTA J. Keys medically evaluated Officer J. Thom and prepared a CDC 7219 noting the following: pain in the right knee, an abrasion/scratch to the left wrist and right thumb. MTA Keys medically evaluated Officer T. Holmes and noted the following: a swollen right ring finger.

MEDICAL REPORTS/INJURIES TO INMATES: MTA Keys medically evaluated BLOODSAW and prepared a CDC 7219 noting the following: Dried blood on the left nostril and lower lip, pain in the neck and left knee.

CRIME SCENE/EVIDENCE: A crime scene was not established and no evidence was collected from this incident.

USE OF FORCE: Officers J. Thom, T. Holmes and L. Northrup utilized physical force to gain control of BLOODSAW.

STATUS OF VIDEOTAPED INTERVIEW: BLOODSAW was offered a video interview due to the injury to his lip. A video interview will be conducted on April 13, 2007.

CONCLUSION: Inmate BLOODSAW will be charged under the California Code of Regulations (CCR), Title 15, Section 3005 (c), specifically BATTERY ON A PEACE OFFICER. This case has been referred to the Del Norte County District Attorneys Office for possible felony prosecution.

NOTIFICATIONS: The Administrative Officer of the Day, Associate Warden M. Cook was notified of this incident through the Watch Commander's Office. The Warden and all appropriate administrative staff were notified of this incident through the Watch Commander's Office. CCPOA Chapter President R. Newton was notified of this incident through the Watch Commander's Office. You will be notified of any changes, should they occur, through supplemental reports.

OVERTIME: There was no overtime incurred as a result of this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

Reviewed By: Facility Captain M. Foss

NAME OF REPORTING STAFF (PRINT/TYPE)
R. Tupy

TITLE
Lieutenant

ID #
N/A

BADGE #
55479

SIGNATURE OF REPORTING STAFF

PHONE EXT. (INCIDENT SITE)
7953

DATE
04/12/2007

NAME OF WARDEN / AOD (PRINT/SIGN)

TITLE
Warden

DATE

Incident number: PBP-B08-07-04-0144

Inmates charged with a disciplinary offense related to this incident will not receive a copy of the CDC 837-B as part of the evidence for their disciplinary hearing.

Per the memorandum of June 11, 1998 CLARIFICATION OF REQUIRED REPORTS FOR CALIFORNIA DEPARTMENT OF CORRECTIONS FORM 115, RULE VIOLATION REPORT HEARINGS, it is not required that the inmate receive a copy of the 837-B as part of his prehearing documents. A list of the participants may be substituted. This is the list of participants authorized by that memorandum.

BLOODSAW

P-20045

TUPY, R.

Correctional Lieutenant

PEPIOT, A.

Correctional Sergeant

CHAPMAN, C.

Correctional Officer

HOLMES, T.

Correctional Officer

NORTHROP, L.

Correctional Officer

SILVA, J.

Correctional Officer

THOM, J.

Correctional Officer

WADSWORTH, T.

Correctional Officer

KEYS, J.

MTA

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 1

INCIDENT LOG NUMBER
PBP-B08-07-04-0144

NAME: LAST Pepiot		FIRST A.		MI L.	INCIDENT DATE 4-12-07	INCIDENT TIME 1855 Hours
POST # 370376	POSITION Facility B Program Sergeant	YEARS OF SERVICE 5 Years 06 Months	DATE OF REPORT 4-12-07		LOCATION OF INCIDENT B 8 Rotunda	
RDO's F/S	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT Battery on Peace Officer			CCR SECTION / RULE 3005 (c) <input type="checkbox"/> N/A	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA	(s) C/O J. Thom	(s) MTA J. Keys	(s) BLOODSAW P-20045	B8-101L
	(s) C/O T. Holmes			
	(s) C/O L. Northrup			
	(s) C/O C. Chapman			
	(s) C/O T. Wadsworth			

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU			CHEMICAL AGENTS USED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE	<u>NO:</u>	<u>NO:</u>	<u>TYPE:</u>	<u>TYPE:</u>
	<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37 MM		<input type="checkbox"/> OC
	<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM		<input type="checkbox"/> CN
FORCE OBSERVED BY YOU	<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB		<input type="checkbox"/> CS
	<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI		<input type="checkbox"/> OTHER:
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HFWRs <input type="checkbox"/> BATON		<input checked="" type="checkbox"/> N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE:

On Thursday, April 12, 2007, while assigned as the "B" Facility program Sergeant, I responded to an alarm in building B-8, at approximately 1855 hours. I arrived to find an inmate and three officers on the floor in the rotunda. The inmate later identified as BLOODSAW P-20045, housed in B-8 cell 101L was in a prone position being held down by Correctional officers J. Thom, T. Holmes and L. Northrup. C/O Thom was on BLOODSAW'S right side, C/O Holmes was on BLOODSAW'S left side and C/O Northrup was holding BLOODSAW'S legs. C/O C. Chapman placed leg irons on BLOODSAW'S legs. Thom and Holmes helped BLOODSAW to his feet where C/O's Chapman and Wadsworth then took over the escort. BLOODSAW was then escorted to the B yard hobby shop and placed in holding cell number (1) one. Medical Technical Assistant J. Keys then performed a 7219 medical report on BLOODSAW. BLOODSAW was then taken to the (CTC) Correctional Treatment Center for further evaluation and released back to the yard to be re-housed. BLOODSAW was re-housed into B-7 cell 127L and CTQ'D Confined to Quarters pending placement into Administrative Segregation.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF A. Pepiot	TITLE Sergeant.	BADGE # 64308	DATE 4-12-07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

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OF

2

INCIDENT LOG NUMBER

PBP-B08-07-04-0144

NAME: LAST HOLMES		FIRST T.		MI R.	INCIDENT DATE 04/12/07	INCIDENT TIME 1855																											
POST # 371628	POSITION B8 FLOOR OFFICER	YEARS OF SERVICE 4 Years 5 Months	DATE OF REPORT 04/12/07		LOCATION OF INCIDENT B8 ROTUNDA																												
RDO's S/S	DUTY HOURS 1400-2200	DESCRIPTION OF CRIME / INCIDENT BATTERY ON A PEACE OFFICER			CCR SECTION / RULE 3005 (c) <input type="checkbox"/> N/A																												
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES INVOLVED (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)																													
<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA		(S) C/O J. THOM (S) C/O L. NORTHRUP (S) C/O C. CHAPMAN (S) SGT. A. PEPIOT		(S) C/O T. WADSWORTH (S) C/O J. SILVA																													
FORCE USED BY YOU		WEAPONS AND SHOTS FIRED BY YOU			CHEMICAL AGENTS USED BY YOU																												
<input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> NONE		<table border="0"> <tr> <td>NO:</td> <td>NO:</td> <td>TYPE:</td> </tr> <tr> <td><input type="checkbox"/> MINI-14</td> <td><input type="checkbox"/> 37 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9 MM</td> <td><input type="checkbox"/> 40 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 38 CAL</td> <td><input type="checkbox"/> LB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SHOTGUN</td> <td><input type="checkbox"/> 40 MULTI</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> <td><input type="checkbox"/> HFWS</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BATON</td> <td></td> </tr> </table>			NO:	NO:	TYPE:	<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37 MM		<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM		<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB		<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> HFWS			<input type="checkbox"/> BATON		<table border="0"> <tr> <td>TYPE:</td> </tr> <tr> <td><input type="checkbox"/> OC</td> </tr> <tr> <td><input type="checkbox"/> CN</td> </tr> <tr> <td><input type="checkbox"/> CS</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table>		TYPE:	<input type="checkbox"/> OC	<input type="checkbox"/> CN	<input type="checkbox"/> CS	<input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A
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EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD																											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																											
REPORTING STAFF INJURED		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		FLUID EXPOSURE																											
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPRAINED RIGHT RING FINGER <input type="checkbox"/> N/A		B-FACILITY MEDICAL CLINIC <input type="checkbox"/> N/A		<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____																											
						<input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO																											
						SCIF 3301 / 3067 COMPLETED																											
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																											

NARRATIVE:

ON THURSDAY, 4/12/07 AT APPROXIMATELY 1855 HOURS, WHILE CONDUCTING LEGAL MAIL ISSUE IN THE B8 FLOOR OFFICERS STATION, I ASKED CONTROL BOOTH OFFICER J. SILVA TO HAVE INMATE (I/M) BLOODSAW (P20045, B8-101L) REPORT TO THE OFFICE TO RECEIVE HIS LEGAL MAIL. I/M BLOODSAW REPORTED TO THE OFFICE AND APPEARED TO BE AGGITATED. I TOLD BLOODSAW TO SIGN FOR HIS LEGAL MAIL. BLOODSAW SAID "FUCK YOU WHITE MOTHERFUCKER. SUCK MY DICK". I/M BLOODSAW THEN SIGNED FOR HIS LEGAL MAIL. SENSING BLOODSAW'S AGGITATION, I ORDERED BLOODSAW TO RETURN TO HIS CELL. BLOODSAW BECAME VERBALLY ABUSIVE AND CONTINUED HIS VERBAL ASSAULT. CORRECTIONAL OFFICER (C/O) J. THOM SAID "YOU NEED TO TAKE IT BACK TO YOUR HOUSE" AND STOOD UP FROM HIS CHAIR INSIDE THE OFFICE. C/O J. THOM THEN BEGAN TO ESCORT BLOODSAW TOWARDS THE "A" SECTION DOOR. I THEN HEARD C/O J. THOM YELL "GET DOWN" FROM WHAT SOUNDED LIKE THE ROTUNDA AREA NEAR THE "A" SECTION DOOR. I IMMEDIATELY RESPONDED TO THE ROTUNDA NEAR THE "A" SECTION DOOR AND SAW I/M BLOODSAW STANDING IN A BLADED STANCE FACING C/O J. THOM. I SAW C/O J. THOM ATTEMPT TO GRASP BLOODSAW AROUND HIS UPPER TORSO AREA. I GRASPED BLOODSAW WITH MY LEFT HAND AROUND BLOODSAW'S LEFT

* CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>J. Holmes</i>		TITLE C/O	BADGE # 66538	DATE 4/12/07
NAME AND TITLE OF REVIEWER (PRINT SIGNATURE) D. Peplot SGT Report		DATE RECEIVED 4-12-07	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
				DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1 - SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

PAGE

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OF

2

INCIDENT LOG NUMBER

PBP-B08-07-04-0144

NAME: LAST

FIRST

MI

TYPE OF INFORMATION



CONTINUATION OF REPORT



ADDITIONAL INFORMATION



CLARIFICATION REQUEST

NARRATIVE

UPPER ARM AND PLACED MY RIGHT HAND (PALM OPEN) ONTO BLOODSAW'S UPPER BACK AREA. I SAW THAT C/O J. THOM HAD POSITIONED HIMSELF NEAR MYSELF AND I/M BLOODSAW. C/O J. THOM APPEARED TO HAVE A HOLD OF BLOODSAW'S UPPER BACK AREA. USING A DOWNWARD PULLING MOTION WITH MY LEFT ARM AND STRENGTH, I PULLED BLOODSAW DOWN TO THE ROTUNDA FLOOR WITH THE HELP OF C/O J. THOM'S PULLING MOTION. AS WE BROUGHT BLOODSAW TO THE FLOOR, BLOODSAW WAS IN THE PRONE POSITION. I COULD FEEL BOTH OF BLOODSAW'S LEGS KICKING REPEATEDLY IN VERY FORCEFUL FORWARD AND BACKWARD MOTIONS AS HE WAS LAYING ON THE GROUND. I ORDERED BLOODSAW TO STOP KICKING. BLOODSAW DID NOT COMPLY WITH MY ORDERS AND CONTINUED TO KICK. I THEN RETRIEVED MY HANDCUFF RESTRAINTS AND ORDERED BLOODSAW TO "CUFF UP". BLOODSAW'S HANDS WERE POSITIONED NEAR HIS FACE AREA. BLOODSAW DID NOT COMPLY WITH MY ORDER TO CUFF UP AND USED HIS OWN STRENGTH TO MAINTAIN HIS HAND POSITIONING. I USED MY LEFT HAND TO GRAB A HOLD OF BLOODSAW'S LEFT WRIST AND USED A REAR PULLING MOTION TO GUIDE BLOODSAW'S LEFT ARM BEHIND HIS BACK. I APPLIED ONE HANDCUFF RESTRAINT TO BLOODSAW'S LEFT WRIST AND MAINTAINED CONTROL OF HIS LEFT LOWER ARM AREA WITH MY LEFT HAND. BLOODSAW WAS TRYING TO PULL HIS LEFT ARM BACK UP TOWARDS HIS FACE AREA IN A CLEAR ATTEMPT OF NON-COMPLIANCE, ALL THE WHILE STILL ATTEMPTING TO KICK. I LOOKED BACK AND SAW THAT C/O L. NORTHRUP HAD RESPONDED TO THE INCIDENT AND WAS NOW USING HIS BODY-WEIGHT TO MAINTAIN CONTROL OF BLOODSAW'S LOWER LEGS. I THEN SAW THAT C/O J. THOM HAD PULLED BLOODSAW'S RIGHT ARM BEHIND HIS BACK AND I WAS ABLE TO APPLY THE RIGHT HANDCUFF RESTRAINT ONTO BLOODSAW'S RIGHT WRIST AREA. I THEN SAW RESPONDING STAFF ARRIVING INTO THE B8 ROTUNDA AREA. I HEARD SERGEANT A. PEPIOT SAY TO TAKE BLOODSAW TO THE HOBBY SHOP. C/O J. THOM AND I STOOD BLOODSAW TO HIS FEET. C/O T. WADSWORTH AND C/O C. CHAPMAN THEN RELIEVED C/O J. THOM AND I ON THE ESCORT AND ESCORTED BLOODSAW OUT OF THE B8 ROTUNDA TOWARD THE B-YARD HOBBY SHOP. AFTER THE INCIDENT WAS COMPLETED, I REPORTED TO THE B-FACILITY MEDICAL CLINIC TO BE EVALUATED FOR AN APPARENT SPRAIN TO MY RIGHT RING FINGER, SUSTAINED AT AN UNKNOWN TIME DURING THE INCIDENT. THIS ENDS MY INVOLVEMENT IN THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF <i>L. Z. [Signature]</i>	TITLE C/O	BADGE # 66538	DATE 4/12/07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) A. Pepiot SGT <i>[Signature]</i>	DATE RECEIVED 4-12-07	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

PBP-08-07-04-0144

NAME: LAST

Northrup

FIRST

L

MI

W

INCIDENT DATE

4-12-07

INCIDENT TIME

1855

POST #

371620

POSITION

B-7 floor

YEARS OF SERVICE

4 Years 10 Months

DATE OF REPORT

4-12-07

LOCATION OF INCIDENT

B-8

RDO's

S/S

DUTY HOURS

14-2200

DESCRIPTION OF CRIME / INCIDENT

Battery on Peace Officer

CCR SECTION / RULE

3005 (C)

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☐ PRIMARY☒ RESPONDER☐ WITNESS☐ VICTIM☐ CAMERA

Sgt A. Perrot (S)

C/O T. Holmes (S)

C/O J. Thom (S)

C/O C. Chapman (S)

C/O T. Wadsworth (S)

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USED BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE

FORCE OBSERVED BY YOU

☐ WEAPON☒ PHYSICAL☐ CHEMICAL☐ NONE

NO:

NO:

TYPE:

☐ MINI-14☐ 9 MM☐ 38 CAL☐ SHOTGUN☒ N/A☐ 37 MM☐ 40 MM☐ L8☐ 40 MULTI☐ HFWS☐ BATON

TYPE:

☐ OC☐ CN☐ CS☐ OTHER:☒ N/A

EVIDENCE COLLECTED BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO HAZARD

PPE

☐ YES☒ NO☒ N/A☒ N/A☐ YES
☒ NO☒ YES
☐ NO

REPORTING STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED (HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067 COMPLETED

☐ YES☒ NO☒ N/A☒ N/A☐ BODILY☐ UNKNOWN☐ OTHER:☒ N/A☐ YES☒ NO

NARRATIVE:

On 4-12-07 at approximately 1855 hours, I was working as B-7 floor officer. I was in B-8 talking with Correction Officer C/O T. Holmes while he was conducting legal mail pass when inmate (Ym) Bloodsaw, P-20045 came down to the office for his legal mail. C/O Holmes and C/O J. Thom also were counseling him on his behavior earlier in the day. As the conversation progressed, Bloodsaw became increasingly louder and belligerent while arguing. He began to yell obscenities at C/O Thom stating "Suck my dick" and "fuck you". At this point C/O Holmes gave Bloodsaw a direct order to "take it back home". As Bloodsaw turned to go back to "A" section he continued

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

4-12-07

☒ YES ☐ NO☐ YES ☐ NO

29-176 28 29

88# 26

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1- SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

NAME: LAST

Northrup

FIRST

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-08-07-04-0144

MI

W

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

to yell obscenities so % Thom followed him out the door toward "A" section to ensure he went straight back to his cell. I began talking to % Holmes, still inside the office, when I heard % Thom yell "get down". I immediately ran out of the office behind % Holmes and observed % Thom and % Bloodsaw clenching together struggling. % Holmes was in front of me and grabbed Bloodsaw's upper body area and assisted in taking Bloodsaw to the ground. While on the ground Bloodsaw continued resisting by kicking his feet up and down and back and forth. % Thom and % Holmes were struggling with Bloodsaw's upper body so I grabbed his feet in an attempt to subdue them. Bloodsaw continued to attempt to kick me so I placed my full upper body weight on his legs. I heard % Holmes order Bloodsaw to "Cuff up", "Give me your arm" and continued to struggle before placing him in handcuffs. As responding staff arrived I began yelling for someone to get me some leg irons. % C. Chapman then stepped forward and placed Bloodsaw in leg irons. I then heard Sergeant A. Pepiot say "get him up, take him to the hobby shop". % Holmes was on his left side with % Thom on his right side. They assisted Bloodsaw to his feet when % Chapman and % T. Wadsworth took over the escort. They escorted Bloodsaw out of B-8. This concludes my involvement in this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

J.W. [Signature]

TITLE

%

BADGE #

65647

DATE

4-12-07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT
PART C - STAFF REPORT
CDCR 837-C (Rev. 07/05)

PAGE <u>1</u> OF <u>2</u>		INCIDENT LOG NUMBER <u>PRB-B08-07-04-0144</u>
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NAME: LAST <u>Thom</u>	FIRST <u>James</u>	MI <u>C</u>	INCIDENT DATE <u>4.12.07</u>	INCIDENT TIME <u>1855</u>
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POST # <u>271630</u>	POSITION <u>B8 Activities</u>	YEARS OF SERVICE <u>15</u> Years / <u>1</u> Months	DATE OF REPORT <u>4.12.07</u>	LOCATION OF INCIDENT <u>B5 Rotunda</u>
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RDO's <u>5/5/H</u>	DUTY HOURS <u>0600/400</u>	DESCRIPTION OF CRIME / INCIDENT <u>Battery on a Peace Officer</u>	CCR SECTION / RULE <u>3005 (c)</u>
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YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)
<input checked="" type="checkbox"/> PRIMARY	<u>(S) T. Holmes</u>	<u>(S) I/m Bloodsaw P20045</u>
<input type="checkbox"/> RESPONDER	<u>(S) C. Chapman</u>	
<input type="checkbox"/> WITNESS	<u>(S) T. Wadsworth</u>	
<input type="checkbox"/> VICTIM		
<input type="checkbox"/> CAMERA		

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU	CHEMICAL AGENTS USED BY YOU																											
<input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> NONE	<table border="0"> <tr> <td><u>NO:</u></td> <td><u>NO:</u></td> <td><u>TYPE:</u></td> </tr> <tr> <td><input type="checkbox"/> MINI-14</td> <td><input type="checkbox"/> 37 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9 MM</td> <td><input type="checkbox"/> 40 MM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 38 CAL</td> <td><input type="checkbox"/> LB</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SHOTGUN</td> <td><input type="checkbox"/> 40 MULTI</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> HFWRs</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BATON</td> <td></td> </tr> </table>	<u>NO:</u>	<u>NO:</u>	<u>TYPE:</u>	<input type="checkbox"/> MINI-14	<input type="checkbox"/> 37 MM		<input type="checkbox"/> 9 MM	<input type="checkbox"/> 40 MM		<input type="checkbox"/> 38 CAL	<input type="checkbox"/> LB		<input type="checkbox"/> SHOTGUN	<input type="checkbox"/> 40 MULTI			<input type="checkbox"/> HFWRs			<input type="checkbox"/> BATON		<table border="0"> <tr> <td><u>TYPE:</u></td> </tr> <tr> <td><input type="checkbox"/> OC</td> </tr> <tr> <td><input type="checkbox"/> CN</td> </tr> <tr> <td><input type="checkbox"/> CS</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table>	<u>TYPE:</u>	<input type="checkbox"/> OC	<input type="checkbox"/> CN	<input type="checkbox"/> CS	<input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> OTHER:																													
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<input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> NONE	<input checked="" type="checkbox"/> N/A																												

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>Cut on right hand and left wrist, Pain in right knee</u>	<input type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NARRATIVE: On 4.12.07 at approximately 1855 hours Correctional officer T. Holmes and I were attempting to issue inmate Bloodsaw his legal mail in the B8 officer station. I/m Bloodsaw seemed agitated when he entered the office. C/o Holmes and I both tried to counsel Bloodsaw on his earlier behavior. Bloodsaw was not receptive to the counseling and started yelling Fuck you, Fuck you you white motherfuckers, you can suck my dick. C/o Holmes gave Bloodsaw a direct order to take it back to his cell. Bloodsaw left the office still yelling and cussing. I was escorting Bloodsaw back to A section, when approximately 2 feet before the section door Bloodsaw turned left into a bladed stance. I ordered

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <u>J. C. Thom</u>	TITLE <u>C/O</u>	BADGE # <u>45669</u>	DATE <u>4.12.07</u>
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <u>[Signature]</u>	DATE RECEIVED <u>4.12.07</u>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

488-28 31
40-178 30

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
CDCR 837-C1 (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-008-07-04-014

NAME: LAST

Thom

FIRST

James

MI

C

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

Bloodsaw to get down, instead Bloodsaw took a step towards me. I grabbed Bloodsaw by the front of his shirt with my right hand and wrapped my left arm around his upper body pulling down Bloodsaw down with the help of C/O Holmes we placed Bloodsaw on the floor in a prone position. Bloodsaw continued to fight refusing numerous orders to cuff up. I pulled Bloodsaw's right arm behind his back so C/O Holmes could place Bloodsaw in handcuffs. It should be noted that before the leg irons were placed on Bloodsaw's legs he kicked me in the right knee. C/O's C. Chapman and T. Wadsworth escorted Bloodsaw to the Hobby shop. I was seen by medical staff for injuries to my hands and right knee. A 7219 Form was completed. This ends my involvement in this incident

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

J. C. Thom

TITLE

C/O

BADGE #

45669

DATE

4.12.07

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (Rev. 07/05)

PAGE 1 OF 2

INCIDENT LOG NUMBER

PBR-B0807-04-0144

NAME: LAST

SILVA

FIRST

J-

MI
B.

INCIDENT DATE

4-12-07

INCIDENT TIME

1855

POST #

371580

POSITION

B8 CONTROL

YEARS OF SERVICE

4 Years Months

DATE OF REPORT

4-12-07

LOCATION OF INCIDENT

B8 ROTUNDA

RDO's

F/S

DUTY HOURS

14-2200

DESCRIPTION OF CRIME / INCIDENT

BATTERY ON PEACE OFFICER

CCR SECTION / RULE

3005 (C)

YOUR ROLE

WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)

INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)

☐ PRIMARY☐ RESPONDER☒ WITNESS☐ VICTIM☐ CAMERA

(S) J. THOM

(S) T. HOLMES

(S) L. NORTHRUP

(S) T. WADSWORTH

(S) C. SHAPMAN

(S) BLOODSAW P-20045

FORCE USED BY YOU

WEAPONS AND SHOTS FIRED BY YOU

CHEMICAL AGENTS USED BY YOU

☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONEFORCE OBSERVED
BY YOU☐ WEAPON☐ PHYSICAL☐ CHEMICAL☒ NONE

NO:

NO:

TYPE:

TYPE:

☐ MINI-14☐ 9 MM☐ 38 CAL☐ SHOTGUN☒ N/A☐ 37 MM☐ 40 MM☐ LB☐ 40 MULTI☐ HFWS☐ BATON☐ OC☐ CN☐ CS☐ OTHER:☒ N/AEVIDENCE COLLECTED
BY YOU

EVIDENCE DESCRIPTION

EVIDENCE DISPOSITION

BIO
HAZARD

PPE

☐ YES☒ NO☐ N/A☐ N/A☐ YES☐ NO☐ YES☐ NOREPORTING
STAFF INJURED

DESCRIPTION OF INJURY

LOCATION TREATED
(HOSPITAL / CLINIC)

FLUID EXPOSURE

SCIF 3301 / 3067
COMPLETED☐ YES☒ NO☒ N/A☒ N/A☐ BODILY☐ UNKNOWN☐ OTHER:☒ N/A☐ YES☒ NO

NARRATIVE:

ON 4-12-07, I WAS ASSIGNED AS B8 CONTROL BOOTH OFFICER. AT APPROXIMATELY 1855 HOURS, I OPENED CELL 101 WHO IS OCCUPIED BY INMATE BLOODSAW P-20045 TO COME TO THE OFFICERS' STATION TO PICKUP HIS LEGAL MAIL. BLOODSAW WAS USING PROFANITY (FUCK YOU, SUCK MY DICK) WHILE TALKING WITH OFFICERS; J. THOM, T. HOLMES, AND NORTHRUP. AS BLOODSAW LEFT THE OFFICERS' STATION, OFFICER THOM WAS COUNSELING BLOODSAW ABOUT BEING DESRESPECTFUL AND YELLING. AS I WAS BY A SECTION CONTROL PANEL OPENING BLOODSAW'S CELL DOOR, I HEARD OFFICER THOM SAYING "GET DOWN!" THEN, I LOOKED DOWN INTO THE ROTUNDA AND I SAW OFFICER THOM WITH OFFICERS HOLMES AND NORTHRUP

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

☒ YES ☐ NO☐ YES ☐ NO

633 88 330 33
 79 42 180 28

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1- SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER

PBP-B 08-07-04-0144

NAME: LAST

SILVA

FIRST

J.

MI

B

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

ON THE GROUND TRYING TO CONTROL BLOODSAW. I IMMEDIATELY ACTIVATED MY PERSONAL ALARM AND WENT TO THE YARD DOOR PANEL AND OPEN THE YARD DOOR FOR RESPONDING STAFF TO ASSIST IN RESTRAINING BLOODSAW. OFFICER CHAPMAN ASKED ME FOR LEG RESTRAINTS WHICH HE APPLIED TO BLOODSAW'S ANKLES. AFTER BLOODSAW WAS IN RESTRAINTS, HE WAS ESCORTED TO THE HOBBY SHOP ON B YARD BY OFFICERS CHAPMAN AND WADSWORTH. THIS CONCLUDED MY INVOLVEMENT WITH THIS INCIDENT.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

TITLE

BADGE #

DATE

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

C/O

67266

4-12-07

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C - STAFF REPORT
 CDCR 837-C (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME: LAST CHAPMAN		FIRST C		MI J	INCIDENT DATE 04.12.07	INCIDENT TIME 1855
POST # 371568	POSITION B-5 control	YEARS OF SERVICE 4 Years 2 Months	DATE OF REPORT 04.12.07		LOCATION OF INCIDENT BRAND - 8	
RDO's S/S	DUTY HOURS 14-22	DESCRIPTION OF CRIME / INCIDENT BATTERY ON PEALG OFFICER			CCR SECTION / RULE 3005(C)	
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)		
<input type="checkbox"/> PRIMARY		(S) J. THOM C/O		(S) BLOODSAW		
<input checked="" type="checkbox"/> RESPONDER		T. HOLMES C/O		P-20045		
<input type="checkbox"/> WITNESS		L. NORTHRUP C/O				
<input type="checkbox"/> VICTIM		J. WADSWORTH C/O				
<input type="checkbox"/> CAMERA						
FORCE USED BY YOU		WEAPONS AND SHOTS FIRED BY YOU			CHEMICAL AGENTS USED BY YOU	
<input type="checkbox"/> WEAPON		<input type="checkbox"/> NO: _____			<input type="checkbox"/> TYPE: _____	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> NO: _____			<input type="checkbox"/> TYPE: _____	
<input type="checkbox"/> CHEMICAL		<input type="checkbox"/> NO: _____			<input type="checkbox"/> TYPE: _____	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> MINI-14 _____			<input type="checkbox"/> OC _____	
FORCE OBSERVED BY YOU		<input type="checkbox"/> 9 MM _____			<input type="checkbox"/> CN _____	
<input type="checkbox"/> WEAPON		<input type="checkbox"/> 38 CAL _____			<input type="checkbox"/> CS _____	
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> SHOTGUN _____			<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> CHEMICAL		<input type="checkbox"/> 40 MULTI _____			<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> NONE		<input checked="" type="checkbox"/> N/A			<input type="checkbox"/> HFWRS _____	
		<input type="checkbox"/> BATON _____				
EVIDENCE COLLECTED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DISPOSITION		BIO HAZARD
<input type="checkbox"/> YES						<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO
REPORTING STAFF INJURED		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES						<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> NO
				FLUID EXPOSURE		
				<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A		
				<input type="checkbox"/> UNKNOWN		
				<input type="checkbox"/> OTHER: _____		

NARRATIVE: ON 04.12.07 AT APPROXIMATELY 1855 HOURS, I RESPONDED TO AN ALARM IN B-8. UPON ENTERING THE ROTUNDA I SAW AN INMATE LATER IDENTIFIED AS BLOODSAW P-20045 B8.1011 ON THE GROUND IN RESTRAINTS. OFFICER J. THOM WAS HOLDING DOWN BLOODSAW'S UPPER BODY ON THE RIGHT SIDE OF BLOODSAW. C/O T. HOLMES WAS HOLDING DOWN BLOODSAW'S UPPER LEFT SIDE. C/O L. NORTHRUP WAS HOLDING DOWN BLOODSAW'S LEGS. I PLACED LEG IRONS ON BLOODSAW AND C/O T. WADSWORTH AND I ESCORTED BLOODSAW TO B-HOBBY SHOP AND PLACED HIM HOLDING CELL NUMBER ONE. THIS CONCLUDES MY REPORT.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF C/O C. Chapman	TITLE C/O	BADGE # 67065	DATE 04.12.07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) A. [Signature]	DATE RECEIVED 4-12-07	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C - STAFF REPORT
CDCR 837-C (Rev. 07/05)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

NAME: LAST <u>WADSWORTH</u>		FIRST <u>T</u>		MI <u>P</u>	INCIDENT DATE <u>4-12-07</u>	INCIDENT TIME <u>1855</u>
POST # <u>37162</u>	POSITION <u>B7 FLOOR #2</u>	YEARS OF SERVICE <u>12</u> Years <u>10</u> Months	DATE OF REPORT <u>4-12-07</u>		LOCATION OF INCIDENT <u>B8 ROTUNDA</u>	
RDO's <u>S/S</u>	DUTY HOURS <u>1400-2200</u>	DESCRIPTION OF CRIME / INCIDENT <u>BATTERY ON A PEACE OFFICER</u>			CCR SECTION / RULE <u>3005(c)</u>	

YOUR ROLE	WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)	INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESS)	
<input type="checkbox"/> PRIMARY	<u>(S) J. THOM 4/O</u>	<u>(S) BLOODSAW</u>	<u>P-20045</u>
<input checked="" type="checkbox"/> RESPONDER	<u>(S) T. HOLMES 4/O</u>		<u>B8-1012</u>
<input type="checkbox"/> WITNESS	<u>(S) L. NORTHRUP 4/O</u>		
<input type="checkbox"/> VICTIM			
<input type="checkbox"/> CAMERA			

FORCE USED BY YOU	WEAPONS AND SHOTS FIRED BY YOU		CHEMICAL AGENTS USED BY YOU
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE	NO: <input type="checkbox"/> MINI-14 <input type="checkbox"/> 9 MM <input type="checkbox"/> 38 CAL <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> N/A	NO: <input type="checkbox"/> 37 MM <input type="checkbox"/> 40 MM <input type="checkbox"/> L8 <input type="checkbox"/> 40 MULTI <input type="checkbox"/> HFWSR <input type="checkbox"/> BATON <input checked="" type="checkbox"/> N/A	TYPE: <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> N/A

EVIDENCE COLLECTED BY YOU	EVIDENCE DESCRIPTION	EVIDENCE DISPOSITION	BIO HAZARD	PPE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

REPORTING STAFF INJURED	DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301 / 3067 COMPLETED
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NARRATIVE: ON THURSDAY, APRIL 12th 2007 AT APPROXIMATELY 1855 HOURS WHILE WORKING AS B7 FLOOR OFFICER #2, I RESPONDED TO A PERSONEL ALARM IN UNIT B8. AS I ENTERED THE ROTUNDA AREA OF B8, I OBSERVED THREE OFFICERS AND ONE INMATE ON THE FLOOR NEXT TO HOLDING CELL NUMBER TWO. OFFICER J. THOM WAS HOLDING THE UPPER ^{RIGHT} SIDE OF INMATE BLOODSAW P-20045 AGAINST THE FLOOR. OFFICER T. HOLMES WAS HOLDING THE UPPER ^{LEFT} SIDE OF BLOODSAW AGAINST THE FLOOR. OFFICER L. NORTHRUP WAS HOLDING BLOODSAW'S LEGS DOWN. I NOTICED THAT BLOODSAW HAD ALREADY BEEN PLACED IN HANDCUFFS, WHEN OFFICER C. CHAPMAN PLACED LEG RESTRAINTS ON BLOODSAW. OFFICER C. CHAPMAN AND MYSELF ESCORTED BLOODSAW OUT OF THE UNIT AND PLACED HIM

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <u>T. Wadsworth</u>	TITLE <u>4/O</u>	BADGE # <u>49538</u>	DATE <u>4-12-07</u>
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) <u>A. P. ...</u>	DATE RECEIVED <u>4/12/07</u>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO

#36 136
#45 183

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA
CRIME / INCIDENT REPORT
PART C1- SUPPLEMENT
CDCR B37-C1 (Rev. 07/05)

PAGE 2 OF 2

INCIDENT LOG NUMBER
PBP-B08-07-04-0144

NAME: LAST

WADSWORTH,

FIRST

T

MI

P

TYPE OF INFORMATION:

☒ CONTINUATION OF REPORT

☐ CLARIFICATION OF REPORT

☐ ADDITIONAL INFORMATION

NARRATIVE:

INTO "B" FACILITIES HODDIE SHOP AND INTO HOLDING
CELL NUMBER ONE

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL PART C1

SIGNATURE OF REPORTING STAFF

T. W. [Signature]

TITLE

C/O

BADGE #

49538

DATE

4-12-07

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

3037-184 36
92 46 34 37
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

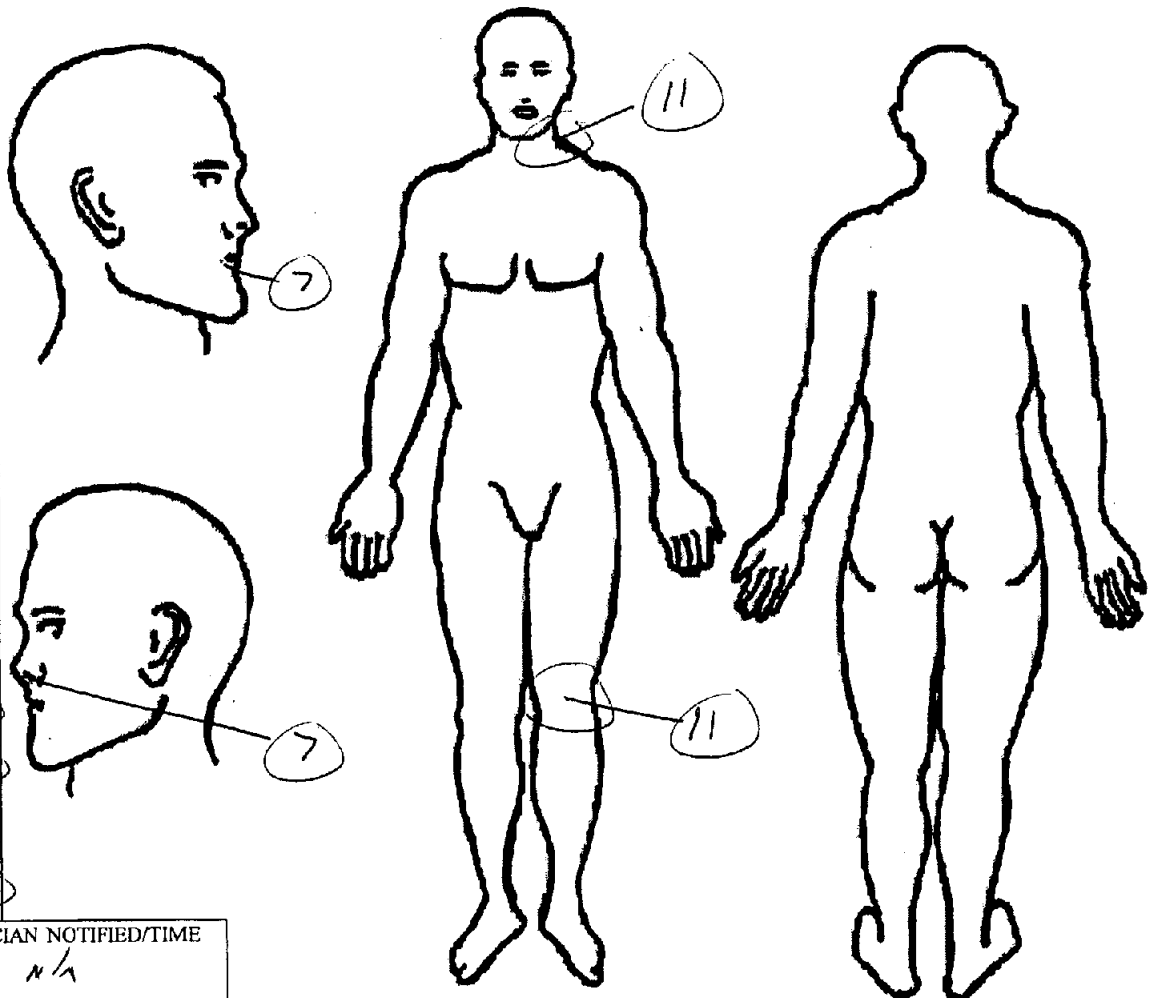
MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION FBSF	FACILITY/UNIT B8	REASON FOR REPORT (circle) USE OF FORCE	INJURY UNUSUAL OCCURRENCE	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE 11-12-07
THIS SECTION FOR INMATE ONLY	NAME LAST WOODS	FIRST THEOPHIL	CDC NUMBER P20045	HOUSING LOC. B8-101	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE B8 ROTUNDA	DATE/TIME OF OCCURRENCE 11-12-07 / 1855		NAME OF WITNESS(ES) CUSTODY STAFF		
TIME NOTIFIED 1855	TIME SEEN 1900	ESCORTED BY	MODE OF ARRIVAL (circle) AMBULATORY	LITTER ON SITE	WHEELCHAIR
			AGE 48	RACE B	SEX M

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

"My neck hurts" "My knee hurts"

INJURIES FOUND? YES/NO	
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE? YES/NO	YES/NO
DECONTAMINATED? YES/NO	YES/NO
Self-decontamination instructions given? YES/NO	YES/NO
Refused decontamination? YES/NO	YES/NO
Q 15 min. checks	N / I / A
Staff issued exposure packet? YES/NO	YES/NO



RN NOTIFIED/TIME BALES RN/1920	PHYSICIAN NOTIFIED/TIME N/A
--	---------------------------------------

TIME/DISPOSITION 2010 / RETURNED TO cell from CR, (Now - CCMS patient)
--

REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

J. Keys / MTA

BADGE #

71765 M/T

RDOs

(Medical data is to be included in progress note or emergency care record filed in UHR)

STATE OF CALIFORNIA
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
CDC 114-D (Rev 10/88)

DEPARTMENT OF CORRECTIONS
CCCMS-NO GFL 99

DISTRIBUTION:
WHITE - CENTRAL FILE
BLUE - INMATE (2ND COPY)
GREEN - ASU

CANARY - WARDEN
PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

BLOODSAWCDC NUMBER
P-20045**REASON(S) FOR PLACEMENT (PART A)**

- ☐ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

On Thursday, April 12, 2007, a decision was made to place you in the Administrative Segregation Unit (AD-SEG). The reason for your placement is while housed on Facility B you were charged with Battery on a Peace Officer. Specifically, you battered Correctional Officer J. Thom. Due to the lack of bed space in (AD-SEG) you will be confined to quarters until bed space is available. You were not placed into (AD-SEG) until 4-13-07. You will remain in the Administrative Segregation Unit pending adjudication of a Rules Violation Report (RVR) for Battery on a Peace Officer.

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)		<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /	
DATE OF ASU PLACEMENT 4-13-07	SEGREGATION AUTHORITY'S PRINTED NAME R TUPY	SIGNATURE <i>[Signature]</i>	TITLE LIEUTENANT
DATE NOTICE SERVED 4-13-07	TIME SERVED	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE R. Mazurek	SIGNATURE <i>[Signature]</i>
<input checked="" type="checkbox"/> INMATE REFUSED TO SIGN		INMATE SIGNATURE <i>[Signature]</i>	CDC NUMBER CJO

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)		INVESTIGATIVE EMPLOYEE (IE)	
STAFF ASSISTANT NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
IS THIS INMATE: LITERATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLUENT IN ENGLISH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ABLE TO COMPREHEND ISSUES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DECLINING FIRST STAFF ASSISTANT ASSIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT ASSIGNED Any "NO" requires SA assignment		EVIDENCE COLLECTION BY IE UNNECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED ANY INVESTIGATIVE EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO ASU PLACEMENT IS FOR DISCIPLINARY REASONS <input type="checkbox"/> YES <input type="checkbox"/> NO DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT ASSIGNED Any "NO" may require IE assignment	

INMATE WAIVERS

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☒ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
☐ NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE
[Signature]

DATE

WITNESSES REQUESTED FOR HEARING

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	DATE OF REVIEW	TIME	ADMINISTRATIVE REVIEWER'S SIGNATURE
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)		CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary)		DATE OF REVIEW

76 72 39
State of California

76 157 35
Memorandum

10
Date : June 7, 2007

DA ACCEPTED

To : M. D. Yax
Associate Warden
Central Services

From : Department of Corrections and Rehabilitation
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject : PBSP INCIDENT #PBP-B08-07-04-0144

On April 12, 2007, inmate **BLOODSAW, P-20045**, committed the following violation of the California Penal Code Section:

69 Resisting or Deterring an Officer

4501.5 Battery Upon a Person not a Prisoner


On May 4, 2007, the case was presented to the Del Norte County District Attorney's Office for possible prosecution.

On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

COUNT I 4501.5 Battery Upon a Person not a Prisoner

COUNT II 69 Resisting or Deterring an Officer

You will be apprised of the outcome of this case.


T. STEWART
Correctional Sergeant
Court Liaison Office

cc: Facility Captain
Facility S&E
Records
Inmate
CLO File

State of California

M e m o r a n d u m

Date : November 6, 2007

DA DISMISS

(AND DETAINER REMOVAL)

To : M. D. Yax
Associate Warden
Central ServicesFrom : Department of Corrections and Rehabilitation
Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000

Subject : PBSP INCIDENT #PBP-B08-07-04-0144, CRPB07-5089

On April 12, 2007, inmate **BLOODSAW, P-20045**, committed the following violation of the California Penal Code Section:

69 Resisting or Deterring an Officer
4501.5 Battery Upon a Person not a Prisoner

On May 4, 2007, the case was presented to the Del Norte District Attorney's Office for possible prosecution.


On May 29, 2007, the Del Norte County District Attorney's Office notified Pelican Bay State Prison that their office issued a complaint charging the above named inmate with the following violation of the Penal Code Section:

COUNT I 4501.5 Battery Upon a Person not a Prisoner
COUNT II 69 Resisting or Deterring an Officer

On November 6, 2007, the District Attorney's Office notified Pelican Bay State Prison that on October 26, 2007, the case was dismissed by the court, and the above named inmate will not be held to answer to the above charges.

The Court Liaison Office is no longer investigating the above named inmate. Please release the Detainer placed by this office. Any pending disciplinary action should be completed and a closure report prepared.

This closes our interest in this case. If you have any questions, please call my office at extension 9081 or 5526.


T. STEWART
Correctional Sergeant
Court Liaison Office

cc: Facility Captain
Facility S&E
Records
Security Squad
Inmate
OTC Desk
CLO File